

SPECIMEN SUBMISSION GUIDELINE

HIV Diagnostics and Reference Laboratory, Diagnostics and Countermeasures Branch
Center for Infectious Disease Research, Walter Reed Army Institute of Research
508 Research Drive, Silver Spring, MD 20910

HIV-1 TNA PCR, HIV-2 TNA PCR Test Request Form

Test Requested (Check one)	Specimen Requirement	Draw Tube	Shipping Conditions
<input type="checkbox"/> HIV-1 TNA PCR	<input type="checkbox"/> 18 ml whole blood (EDTA only)	EDTA: Store at room temperature for overnight or same day delivery.	Ambient - Ship ambient within 24 hours of collection.
<input type="checkbox"/> HIV-2 TNA PCR			

Please fill the request form completely to ensure timely specimen processing.

PATIENT IDENTIFICATION	CONTACT INFORMATION	
Patient identifiers <u>MUST INCLUDE</u>: Full Name _____ DoDID _____ <div>OR</div> FMP/SSN _____ DOB _____ Specimen Draw Date / Time: _____ Ship Date: _____	POC _____ Physician Name _____ Clinic / Center _____ Center Address _____ _____ _____ Telephone Number _____ Fax Number _____ (Commercial # only; please include area/country code) Alternate POC Name _____ Alternate POC Phone _____	
PROCESSING LABORATORY (For HDRL use only)		
BARCODE	DATE RECEIVED	QUANTITY & TYPE RECEIVED / INITIALS

Fax/Email a FedEx tracking and/or invoice number to ensure all shipments sent to the HIV Diagnostics and
Reference Laboratory are received, IAW CAP GEN.40530
Shipping Address: 508 Research Dr., Silver Spring, MD, 20910